

Waiver of Medical Coverage Form

To waive medical coverage for yourself and your dependents, you must fill out the information requested below and return it to the Benefits Customer Service Center at MS 1463 or Fax: 505-844-7535. (If mailing from outside Sandia, please see complete address below.) This form must be received by the Benefits Department by midnight, November 9, 2007.

I, _____, SSN: _____ waive coverage for myself and all dependents in any of Sandia's medical plans effective January 1, 2008.

I understand the benefit I am waiving and that Sandia is not responsible for any medical expenses incurred by me and/or my dependents during the period in which these benefits are waived.

I also understand that my next opportunity to re-enroll in a Sandia medical plan will be during the Open Enrollment period for the next calendar year or based on an eligible mid-year election change event.

Note: If you waive/drop medical coverage for yourself and your dependents because of other medical coverage and you and/or your dependents involuntarily lose eligibility for that coverage, you may be able to enroll yourself and your dependents during the plan year, provided that you request enrollment within 31 calendar days after your other coverage ends. In addition, if you gain a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 calendar days after the marriage, birth, adoption, or placement for adoption.

Retiree/Survivor/LTD Terminée Signature

Date

Sandia National Laboratories
PO Box 5800
Albuquerque, New Mexico 87185-1463
Attn: Benefits Customer Service Department, MS 1463